



Response Under 37 CFR §1.116
Expedited Procedure - Group 2673

00862.022511

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Vijay Shankar
ATSUSHI TANAKA)
: Group Art Unit: 2673
Application No.: 10/066,620)
: Filed: February 6, 2002)
: For: COORDINATE INPUT)
: APPARATUS, CONTROL)
: METHOD THEREFOR, AND)
: COMPUTER-READABLE)
: MEMORY) July 14, 2004

RECEIVED

JUL 19 2004

Technology Center 2600

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated April 21, 2004, please amend
the above-identified application as follows.



Corres. and Mail
BOX AF

AF/2673

Response Under 37 CFR §1.116
Expedited Procedure - Group 2673

In re Application of:

Docket No. 00862.022511

ATSUSHI TANAKA

Application No.: 10/066,620

Examiner: Vijay Shankar

Filed: February 6, 2002

Group Art Unit: 2673

For: COORDINATE INPUT APPARATUS,
CONTROL METHOD THEREFOR, AND
COMPUTER-READABLE MEMORY

Date: July 14, 2004

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Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

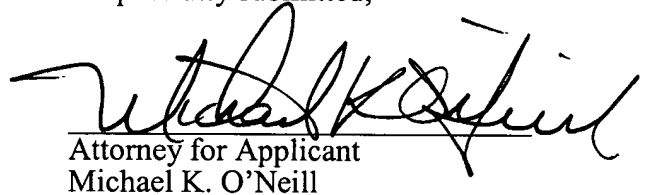
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill

Registration No. 32,622

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New York, New York 10112-3800
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Form #120

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